



DEPARTMENT OF THE ARMY
WOMACK ARMY MEDICAL CENTER
FORT BRAGG, NORTH CAROLINA 28310

REPLY TO
ATTENTION OF:

MCXC-DOP-EFMP

(Date)

MEMORANDUM FOR Womack Army Medical Center Exceptional Family Member Program

SUBJECT: EFMP Disenrollment

RE:

Family Member:

(Last Name, First Name)

(Family Member Prefix/Social Security Number)

Sponsor(s):

(Last Name, First Name)

(Social Security Number)

(Last Name, First Name)

(Social Security Number)

1. Request Family member named above be disenrolled due to one of the following reasons:

a. _____ Due to a change in medical status (requires completed DD Form 2792 addressing all enrolled medical conditions that have resolved, as listed on the PERNET summary)

b. _____ Due to a change in educational status (requires completion of page 2 of DD Form 2792-1 and copy of high school diploma, or DD Form 2792-1 completed by school, indicating that the child no longer requires an IEP)

c. _____ Due to the death of the Family member (requires completion of pages 1-2 of the DD Form 2792 and/or page 2 of the DD Form 2792-1, and copy of death certificate or DEERS DD Form 1172 that does not include the Family member).

- d. _____ Due to divorce (requires completion of pages 1-2 of the DD Form 2792 and/or page 2 of the DD Form 2792-1, and copy of divorce decree or DEERS DD Form 1172 that does not include the Family member)
 - e. _____ Due to the enrolled Family member no longer being a dependent on DEERS (requires completion of pages 1-2 of the DD Form 2792 and/or page 2 of the DD Form 2792-1, and copy of DEERS DD Form 1172 that does not include the Family member).
 - f. _____ Due to the Family member being an adult child still on DEERS, but who permanently no longer resides with the Service Member and will not PCS with the Service Member (requires execution of a sworn statement as outlined in the WAMC EFMP Sworn Affidavit Requirements memo).
 - g. _____ Due to change in custody status, with primary physical custody having changed to the non-military parent (requires completion of pages 1-2 of the DD Form 2792 or page 2 of the DD Form 2792-1, and the portion of the divorce decree or custody order that specifies which parent has primary physical custody).
2. For further information contact the EFMP administrative staff at (910) 907-EFMP (3367).